

02/26/11

**AMENDMENT TRANSMITTAL LETTER (LARGE)**

Docket No.

Applicant(s): **Smith, et al.**

**A-4251 (191930-1050)**

Serial No.  
**08/990,973**

Filing Date  
**December 15, 1997**

Examiner  
**Salce, Jason P.**

Confirmation No.  
**1916**

Group Art Unit  
**2611**

Invention: **Interactive Subscription Television Terminal**

**Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is an Amendment and Response to Office Action, and Petition for Extension of Time (2 months) in the above-identified application.

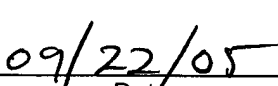
The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	28 =	0	X \$50.00	\$0
INDEP. CLAIMS	6 -	6 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input checked="" type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$450.00

- ☐ No additional fee is required.
- ☒ Please charge Deposit Account No. **20-0778** in the amount of **\$450.00**.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ \_\_\_\_\_.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Minh N. Nguyen, Reg. No. 53,864

  
Date **09/22/05**

<p>Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 0;">For FY 2005</p>		<p>Application Number <b>08/990,973</b></p> <p>Filing Date <b>December 15, 1997</b></p> <p>First Named Inventor <b>Smith, et al.</b></p> <p>Examiner Name <b>Salce, Jason P.</b></p> <p>Art Unit <b>2611</b></p> <p>Attorney Docket No. <b>A-4251 (191930-1050)</b></p>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<p><b>TOTAL AMOUNT OF PAYMENT (\$450.00)</b></p>		

**METHOD OF PAYMENT** (check all that apply)

☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify):

☒ Deposit Account  
 Deposit Account Number: 20-0778  
 Deposit Account Name: **Thomas, Kayden, Horstemeyer & Risley, LLP**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s)  
 ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESSIVE CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
28	-20 or HP = 0	50	0	Fee (\$)
				360
				Fee Paid (\$)
				0

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	-3 or HP = 0	200	0

HP = highest number of total claims paid for, if great than 3


**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250	=
				0

**4. OTHER FEE(S)**

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: 2 Month EOT (\$450.00)	450

<b>SUBMITTED BY</b>		Complete (if applicable)	
Signature		Registration No. 53,864	Telephone Number 770-933-9500
Name: (Print/Type)	Minh Nguyen, Reg. No. 53,864		Date: 09/22/05



## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 09/22/05.

*Mark D. Nguyen*

In Re Application of:

Smith, et al.

Confirmation No.: 1916

Group Art Unit: 2611

Serial No.: 08/990,973

Examiner: Salce, Jason P.

Filed: December 15, 1997

Docket No.: A-4251 (191930-1050)

For: **Interactive Subscription Television Terminal**

The following is a list of documents enclosed:

Return Postcard

Amendment Transmittal Page

Petition for Extension of Time (2 Month),

with fee being charged to D.A. 20-0778 in the amount of \$450

Fee Transmittal – in duplicate, indicating that fee, in the amount of \$450, is to be charged to D.A. 20-0778

Amendment and Response to Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.